

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/534839</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8			1				58						
9							59						
10							60						
11							61						
12			1				62						
13							63						
14							64						
15							65						
16							66						
17							67						
18			1				68						
19							69						
20							70						
21							71						
22			1				72						
23							73						
24							74						
25							75						
26							76						
27							77						
28			1				78						
29							79						
30							80						
31							81						
32			1				82						
33							83						
34							84						
35			1				85						
36							86						
37							87						
38			1				88						
39							89						
40							90						
41							91						
42			1				92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			10				TOTAL IND.						
TOTAL DEP.			33				TOTAL DEP.						
TOTAL CLAIMS			43				TOTAL CLAIMS						